



Commonwealth  
of Massachusetts

Center for Health  
Information and Analysis

# All Payer Claims Database Data Volume Reports

## 2008 - 2012

### March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: [CHIA-APCD@state.ma.us](mailto:CHIA-APCD@state.ma.us).

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)  
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

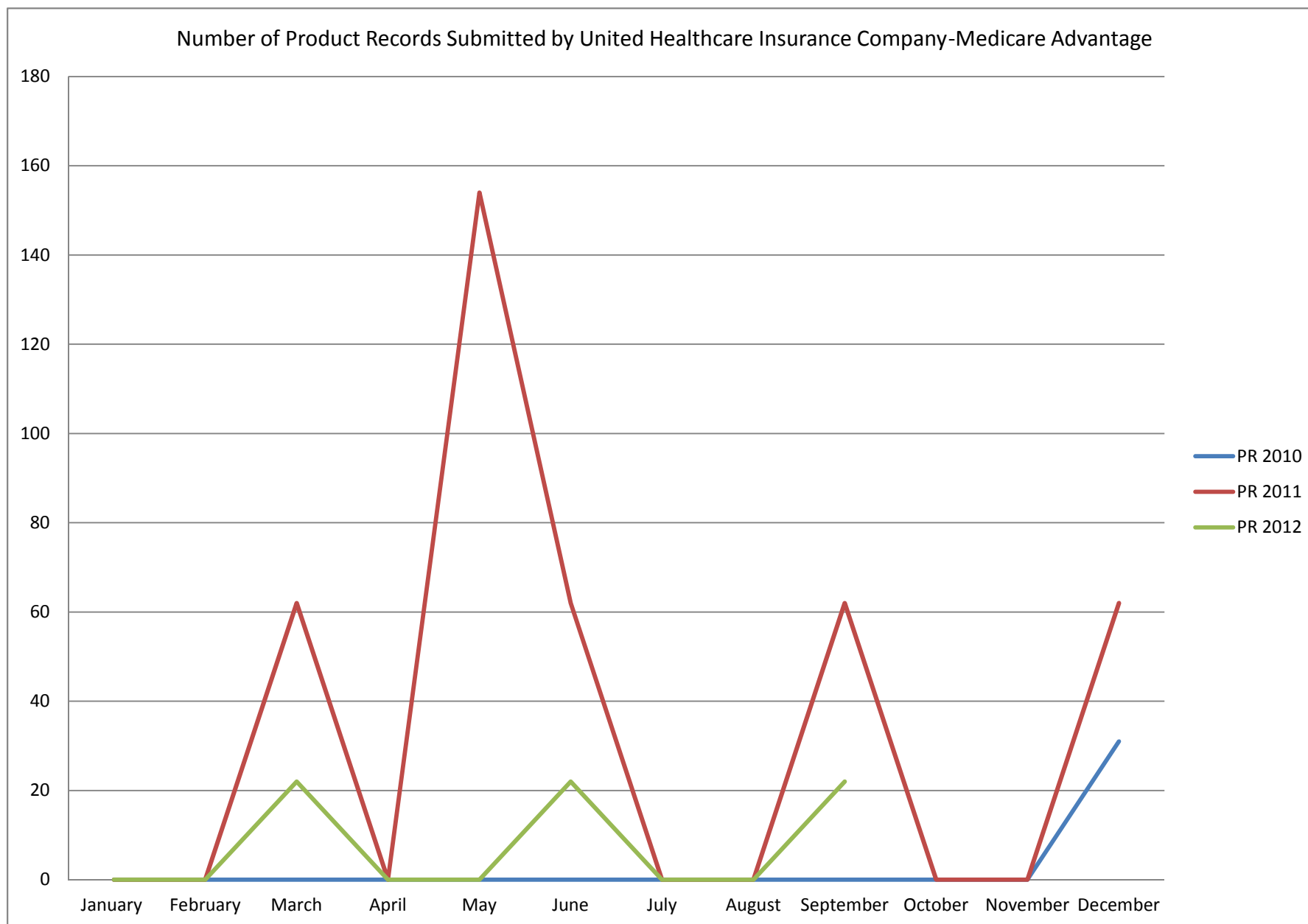
United Healthcare Insurance Company - Medicare Advantage														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	31	31
PR	2011	0	0	62	0	154	62	0	0	62	0	0	62	402
PR	2012	0	0	22	0	0	22	0	0	22				66
ME	2009	0	0	0	0	0	0	0	0	0	0	0	1,887,536	1,887,536
ME	2010	0	0	0	0	0	0	0	0	0	0	0	2,096,493	2,096,493
ME	2011	2,130,368	2,162,011	2,193,846	2,224,966	2,257,411	2,290,921	2,325,467	2,361,836	2,399,087	2,436,988	2,475,610	2,514,740	27,773,251
ME	2012	2,526,415	2,538,475	2,550,478	2,664,541	2,676,985	2,689,492	2,703,335	2,717,525	2,731,799	2,746,256			26,545,301
PV	2011	24,837	24,723	27,700	29,966	30,385	30,649	30,867	30,107	30,231	30,145	31,522	32,419	353,551
PV	2012	33,486	33,139	23,331	22,554	23,702	22,510	22,412	22,974	21,314	24,027			249,449
MC	2008	84,274	83,683	83,404	97,978	101,793	93,522	105,767	102,769	103,639	116,569	105,633	106,869	1,185,900
MC	2009	99,133	96,106	115,273	119,240	99,119	168,986	150,293	114,200	127,719	122,771	112,486	166,110	1,491,436
MC	2010	93,921	90,869	112,516	113,708	111,250	112,174	125,450	121,611	118,352	96,541	126,226	132,728	1,355,346
MC	2011	120,310	118,304	144,199	133,711	138,979	161,335	149,408	166,625	143,576	149,035	168,854	166,303	1,760,639
MC	2012	153,144	152,682	177,023	162,914	183,308	169,861	175,937	191,422	163,626	209,857			1,739,774
PC	2008	240,019	218,457	268,165	272,138	274,705	272,886	283,030	276,694	282,501	290,008	263,147	284,699	3,226,449
PC	2009	308,460	279,492	311,808	305,041	304,220	313,890	316,537	319,811	324,934	328,905	317,456	335,977	3,766,531
PC	2010	343,098	315,774	363,893	344,551	340,108	356,231	350,189	354,248	354,921	373,900	362,408	371,822	4,231,143
PC	2011	423,676	383,059	450,576	420,153	432,672	436,985	435,973	415,353	403,889	410,607	410,758	416,903	5,040,604
PC	2012	336,692	362,947	388,036	381,026	398,226	383,708	390,864	398,175	371,255	418,180			3,829,109
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0

**\*Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

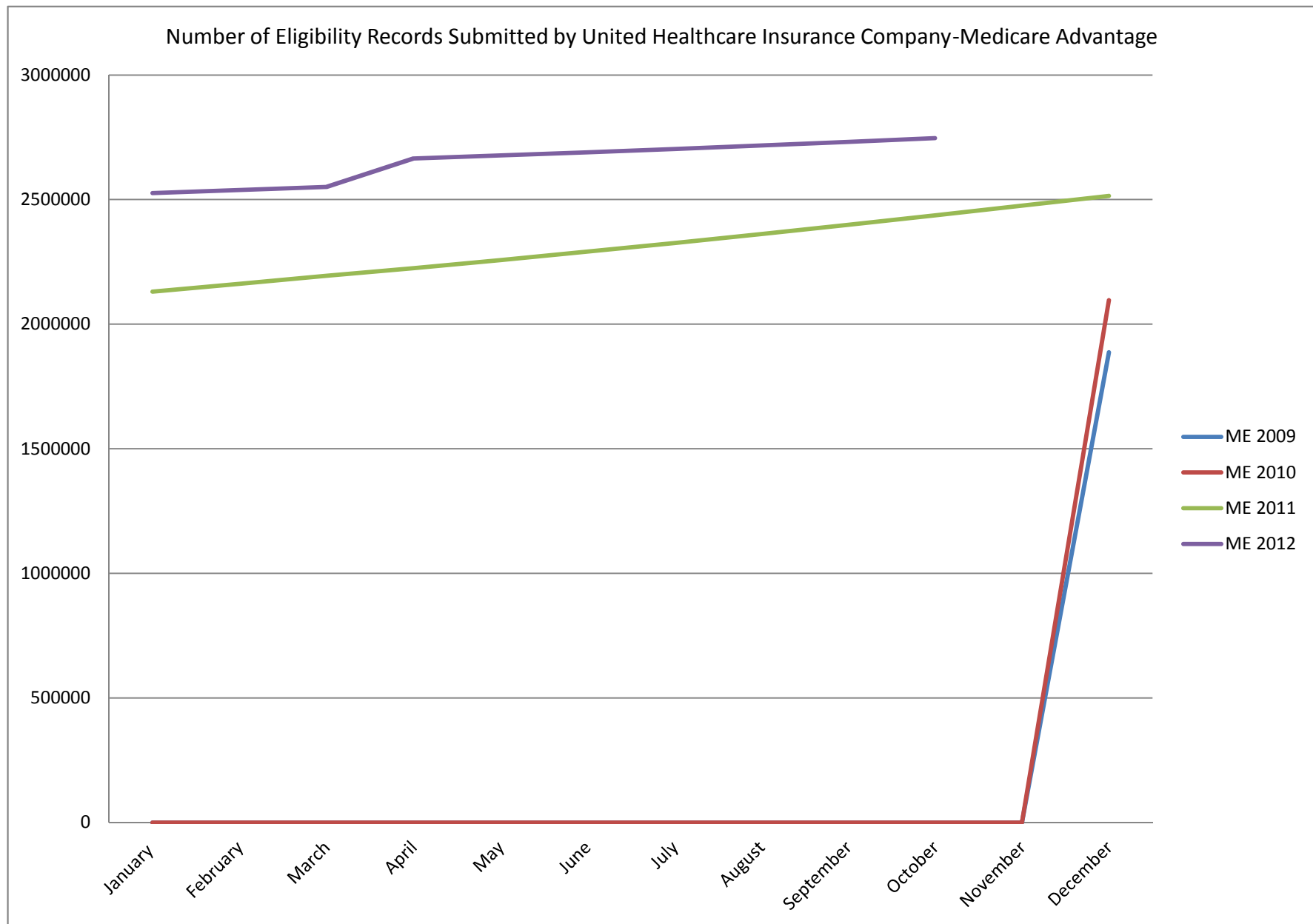
**The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:**

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

**These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.**



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